 Form NON-PROFIT FESTIVAL 355 PERMIT APPLICATION 	
To the Maryland Alcohol, Tobacco, and Cannabis Commission,	Office
Application is made by the undersigned under the provisions of Annotate	ed Code of Approved
Maryland, Alcoholic Beverages Article for the permit indicated above. This	application Date

Maryland, Alcoholic Beverages Article for the permit indicated above. This application shall be filed with the office of the Alcohol, Tobacco, and Cannabis Commission not less than 30 days prior to Non-Profit Festival. Permit authorizes permit holder to conduct a non-profit festival for at least 1 day and not more than 3 consecutive days.		nnabis Commission not less Permit Number permit holder to conduct a Permit Number	
		Stub Number	
1.	Name of Non-Profit organization:	CATEGORIES (Select One)	
2.	Mailing address:		
	Email address:		
3.	Business Telephone no.:	Two Product Categories - \$150	
4.	Federal tax identification number:	Three Product Categories - \$200	
5.	Attach a copy of your 501(c) determination letter.		
6.	The primary purpose of this is to promote Maryland beer,	liquor or wines \ldots YES \square NO	
7.	Provide details of non-profit festival, check all that apply \Box Beer \Box Wine \Box Liquor:		
8.	Location:		
	City/County Code	_	
	Non-Profit Festival dates:	Hours of Operation:	
9. Does applicant agree to conform to all laws, rule		ulations of the State of Maryland related to the	
	actions and business activities authorized under this permit?		
10.	I agree that at all times during the Non-Profit Festival the permit holder shall have present at all times at least		
	two agents, one of whom may be the permit holder, who are certified by an approved Alcohol Awareness Program. \Box YES \Box NO		
	1. Name	Phone Number	
	Name of program		
	2. Name	Phone Number	
	Name of program		

11. Submit with this application to the Alcohol, Tobacco, and Cannabis Commission a list of all off-site permit holders who will attend this Non-Profit Festival.

PLEASE NOTE:

YOU ARE REQUIRED TO NOTIFY THE LOCAL LICENSING BOARD OF THE JURISDICTION IN WHICH THE FESTIVAL WILL BE HELD THAT THE FESTIVAL PERMIT HAS BEEN ISSUED.

12. Must be signed by an officer of non-profit.

AFFIDAVIT

I do solemnly declare and affirm under the penalties of perjury that the contents of this document are true and correct to the best of my knowledge, information, and belief.

Signature

Office Use Only





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13. This section must be completed by the authorized representative of the Non-Profit Festival.

CERTIFICATION

I hereby certify that I am the authorized representative of the Festival stated in this Permit located at

_______, County/City, Maryland, and that I assent to the granting of this Permit to the retail licensee stated on this application, and that I authorize the Alcohol, Tobacco, and Cannabis Commission, its duly authorized deputies, inspectors and clerks, the Board of License Commissioners of the jurisdiction in which the Non-Profit Festival is located, its duly authorized agents and employees, and any peace officer of such jurisdiction to inspect and search, without warrant, the premises upon which the actions and activities under this Permit are to be conducted, at any and all hours.

14. This section must be completed by the owner of the premises where the event will take place. Statement of owner of premises required in connection with Alcoholic Beverages Law of Maryland: I/we hereby certify that I am/

we are the owner(s) of the property known as _

named in the foregoing application made to the Alcohol, Tobacco, and Cannabis Commission under the Alcoholic Beverages Law of Maryland; that I/we assent to the granting of the permit applied for, and that I/we hereby authorize the Alcohol, Tobacco, and Cannabis Commission, its duly authorized deputies, inspectors and clerks, the Board of License Commissioners of the jurisdiction in which the place of business is located, its duly authorized agents and employees and any peace officer of such jurisdiction to inspect and search, without warrant, the premises upon which the business is to be conducted and any and all parts of the building in which said business is to be conducted at any and all hours.

Affidavit

I do solemnly declare and affirm under the penalties of perjury that the contents of this foregoing document are true and correct to the best of my knowledge, information, and belief.

Signature of owner, partner or corporate officer

Type or print name of owner, partner or corporate officer

Title

Date

CONTACT INFORMATION:

Maryland Alcohol, Tobacco, and Cannabis Commission Regulatory & Research Division 1215 E Fort Ave, Ste 300 Baltimore, MD 21230 410-260-7314 atcc.licensing@maryland.gov atcc.maryland.gov

